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Prevention

PATTERNS OF SECONDARY PREVENTION THERAPIES AT DISCHARGE AND FOLLOW-UP AMONG POST-MI PATIENTS WITH AND WITHOUT OBSTRUCTIVE CAD

Poster Contributions
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Background: Although all myocardial infarction (MI) patients benefit from secondary prevention therapies, those with non-obstructive CAD (NoObCAD) have lower rates of these therapies at hospital discharge than patients with obstructive CAD (ObCAD). It is unknown if this trend persists over time.

Methods: In a national cohort of MI patients hospitalized between 2005-2008, we compared defect-free care (use of aspirin, clopidogrel, statins, beta-blockers and ACEI/ARB in those without contraindications) between patients with ObCAD and NoObCAD at discharge, 1, 6 and 12-month follow up adjusting for multi-covariates. NoObCAD was defined as coronary plaques < 70% but >20% (or < 50% in the LMCA). In secondary analysis, we compared use of individual medication types.

Results: Among 3630 MI patients, 200 (5.2%) had NoObCAD. Fewer NoObCAD patients received defect-free care at discharge compared to ObCAD patients (28% v. 60.8%, p<0.001). Defect-free care at 1, 6 and 12-month follow-up was also lower in NoObCAD patients (Figure). After adjustment, NoObCAD patients were less likely to have defect-free care (rate ratio 0.55; CI 0.46 - 0.65). The largest difference between groups was in the use of clopidogrel (rate ratio 0.53; CI 0.48-0.58).

Conclusion: Despite presenting with AMI, NoObCAD patients were less likely to receive defect-free care at discharge and follow-up. These findings highlight the need for improvement in achieving optimal performance measures for secondary prevention therapies long-term.